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PTO/SB/30 (10/2001) Approved for use through 10/31/2002 OMB 0651-0031

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REQUEST

## **FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: **Commissioner for Patents Box RCE** Washington, DC 20231

Application Number	09/534752		
Filing Date	March 24, 2000		
First Named Inventor	Rudolf Hinterwaldner		
Art Unit	1764		
Examiner Name	Johnson, Jerry D.		
Attorney Docket Number	3214		

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

	uired under 37 CFR	§1.114					
a. Previously submitted							
i. Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on							
(Any unentered amendment(s) referred to above will be entered).							
ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on							
iii. 🔲 Other							
b. 🔀 Enclosed		:::					
i. 🛛 Amendr ii. □ Affidavii	ment/Reply	iii. 🗀		isclosur	e Statement (IDS)		
	t(s)/Declaration(s)	IV. 🗀	Other				
<ol><li>Miscellaneous</li></ol>							
a.   Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for							
a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.17(i) required)							
b. Other							
3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.							
a. 🛛 The Director is hereby authorized to charge the following fees, or credit any overpayments, to							
Deposit Account No. 14-1131							
i. 🛛 RCE fee required under 37 CFR §1.17(e)							
ii. 🔀 Extension of time fee (37 CFR §§1.136 and 1.17)							
iii. 🖾 Other							
b. ☐ Check in the amount of \$ enclosed c. ☐ Payment by credit card (Form PTO-2038 enclosed)							
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be included on this form. Frovide credit card information and authorization on F10-2036.							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name (Print / Type)	Thomas G. Scavone			Registra	tion No. (Attorney / Agent)	26,801	
Signature	1/DK com	1		Date	3.3-03		
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burden nour Statement: This/form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Box RCE, Washington, DC 20231.